

TOK ETHICS COMMISSION SWORN COMPLAINT FORM

File No. _____

Please type or print legibly and attach additional pages if necessary.

In order for the Ethics Commission to treat this form as a Formal Complaint, you must identify yourself, complete every section, and sign the form under penalty of perjury. The Commission will not consider anonymous complaints or complaints without all of the required information.

Please note that the Commission has no authority to commence an investigation with regard to violations that are outside the scope of the Town of Kensington Code of Public Ethics (“the Code”).

Name of Complainant _____

Address _____

Home Phone (____) _____ **Cell Phone** (____) _____

Email _____

Respondent Information: Provide the name, title and contact information for each person who is alleged to have violated the ethic’s code.

Description of Facts: Provide a specific description of the facts constituting the alleged violation(s), including dates or approximate dates and locations.

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Witness Information: Provide the name and contact information for each person you believe may have information that would assist the Commission in its evaluation of this complaint. Also, describe the information that you believe each of the persons listed may provide to support the allegations stated in this complaint.

Documentation: Attach copies of any documents in your possession that relate to the allegations stated in this complaint. In addition, indicate below whether there are other records, not in your possession, that you believe may assist the Commission in its evaluation of this complaint.

Additional Information and Advisory Opinions: Provide any additional information that you believe may assist the Ethics Commission in its evaluation of this complaint.

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Related Complaints: Have you previously made the same or similar allegations to the Ethics Commission? Has an advisory opinion been requested or issued concerning the same or similar matters referenced in your complaint(s)? If so, identify any complaint or other written description of the allegations. Please list dates if applicable.

OATH AND VERIFICATION*

I, the person bringing this complaint, do depose on oath or affirmation and say that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and information.

(signature)

(date)

(print name)

* Complaints need not be verified. Please note, however, that the Commission is not required to process or respond to unverified complaints.